

\*\*\*\*\*  
\* LICENSEE COMPLETE SECTION A RETURN TO: WAREHOUSE DEPARTMENT \*  
\* NEBRASKA PUBLIC SERVICE COMMISSION \*  
\* INSURANCE AGENT COMPLETE SECTION B PO BOX 94927 \*  
\* (Section B is on page 2) LINCOLN NE 68509-4927 \*  
\* \*  
\* Nebraska Hotline 800-526-0017 402-471-3101 Fax: 402-471-0254 \*  
\*\*\*\*\*

Form GIIV 10-94

LICENSE:

CCC CODE:

LICENSEE:

**SECTION A: LICENSEE VERIFICATION**

Amount of fire insurance carried on fixed assets: \$\_\_\_\_\_

Name and address of banks with which business is conducted:

\_\_\_\_\_

I certify that the above licensee carries combustion, fire, lightning, and tornado insurance, sufficient to cover loss upon all grain stored in its facilities, and that I agree to notify the Nebraska Public Service Commission immediately of any changes in grain inventory insurance coverage.

Under penalty of perjury, I declare that I own, am a partner of or corporate officer of the aforementioned licensee and that, to the best of my knowledge and belief, the above information is correct and complete.

BY: \_\_\_\_\_  
(LICENSEE REPRESENTATIVE'S SIGNATURE)

TITLE: \_\_\_\_\_

STATE OF \_\_\_\_\_)

)

COUNTY OF \_\_\_\_\_)

Signed and sworn to before me this date of \_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC'S SIGNATURE)

**SECTION B: GRAIN INVENTORY INSURANCE VERIFICATION**

INSURANCE AGENCY:

=====					
INSURANCE COMPANY	POLICY NUMBER	COVERAGE LIMIT	COVERAGE TYPE (1)	DEDUCTIBLE AMOUNT (2)	EFFECTIVE DATES From Through

If the policy listed above is being renewed complete all blank columns.

If a new policy is being issued complete all columns. WE NO LONGER REQUIRE A COPY OF THE POLICY.

(1) COVERAGE TYPE:

"OW" - Single blanket coverage limit for all facilities licensed by an entity.

"LI" - Separate blanket coverage limit for all facilities under one license (licensee may have more than one warehouse license).

"LO" - Separate blanket coverage limit for each location licensed (attach schedule showing breakdown of coverage limits per location).

"FA" - Separate coverage limit for each facility or bin licensed (attach schedule showing breakdown of coverage limits per bin or group of bins).  
Identify each bin or facility (group of bins) with NPSC designations. Call the NPSC if a diagram is needed to identify storage structures.

- (2) DEDUCTIBLE AMOUNT: In accordance with the NPSC regulations, the deductible limit must not exceed \$10,000 per occurrence. NPSC reserves the right to require a lower deductible. Any applicant or licensee seeking a deductible higher than \$10,000 must submit an application to the Commission for consideration.

I declare that I am an authorized representative of the above insurance company or companies, that the above information is correct and complete, and that notice will be sent, by first-class mail or by facsimile transmission, to the Nebraska Public Service Commission no less than 10 days prior to cancelling the above policy or policies.

\_\_\_\_\_  
(AUTHORIZED REPRESENTATIVE'S SIGNATURE)

\_\_\_\_\_  
(Print or Type Signature)